



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 8825

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/723,313 | FILING DATE 11/25/2003 RULE | CLASS 029 | GROUP ART UNIT 3726 | ATTORNEY DOCKET NO. 2267.529WOUS02 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Steven A. Fischer, Savage, MN;

Michael A. Stein, Eden Prairie, MN;
 Jeffrey C. Kubesh, Jordan, MN; Todd J. Edlund, Savage, MN;
 James Donoho, Golden Valley, MN;
 Eric Soderstrom, Lauderdale, MN;
 Michael Stoick, Prior Lake, MN;

** CONTINUING DATA *****

This application is a CON of 10/169,241 11/25/2002 PAT 6,652,008
 which is a 371 of PCT/US00/35537 12/29/2000
 which claims benefit of 60/173,905 12/29/1999

Yes *JA*

** FOREIGN APPLICATIONS *****

No *JA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/25/2004

| | | | | |
|---|------------------------------|-----------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 8 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged | Examiner's Signature <i>JA</i> | Initials | |

ADDRESS

Patterson, Thuent, Skaar & Christensen, P.A.
 4800 IDS Center
 80 South 8th Street
 Minneapolis, MN
 55402-2100

TITLE

Component to component sealing method

☐ All Fees

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 918 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |